STATE FILE NO.

1234

CERTIFICATE OF DEATH

	1. PLACE OF DEATH		<u> </u>		REGISTRAR'S NO.	
3 46	A. COUNTY	T		2. USUAL RESIDENCE	IWHERE DECEASED LIVED.	
DEATH	Yuma	inna in in	TR -	A. STATE Arizo	IF INSTITUTION: RESIDENCE B. COU	REFORE ADMISSION .
7	B. CITY (IF OUTSIDE	CORPORATE LIMITS. W		C. CITY HE OUTSIDE	CORPORATE LIMITS, WRITE	
,	Town Somert	RURAL)	INSTHIS PLACE IN ARIZON	^ _OH		RURALI
IDENCE			3I Y		ton (rural)	
	I OSTUAL OR	ADDRESS OR LOCATIO	OR INSTITUTION, GIVE STREET	D. STREET ADDRESS	UF RURAL.	GIVE LOCATION
<u> </u>	INSTITUTION			ADDRESS		·
4	3. NAME OF A.	(FIRST)	B. (MIDDLE) C.	Nevman	fem≅le	S. COLOR PA HACE
×	DECEASED	Mary		Newman	1	1
1/1	6. MARRIED []	7 DATE OF BIRTH	IB. AGE		female	<u> </u> white
4 5	NEVER MARRIED WIDOWED DIVORCED	Petr DAY Y	EAR YEARS MONTHS DAYS	IF UNDER 24 HOURS	9A. USUAL OCCUPATION DURING MOST OF LIFE	GIVE KIND OF WORK
NT 🤧		<u> reo 211 </u>	1864 811 214		DOMING MOST OF CIPE	E. EVEN IF HETIREDI.
ا څخ ا	98. KIND OF BUSI. NESS OR INDUSTRY	10. BIRTHPLACE (S	STATE 11. CITIZEN OF WHAT	12. WAS DECEASED EVER	IN U. S. ARMED FORCES?	13. SOCIAL SECURITY
18711		OR FOREIGN COUN		IYES. NO. OR UNKNOWN; HE	ES. WAR OR DATES OF SERVICE	NO.
4/X Y	HOME 14A. FATHER'S NAME	l Tenn.	I USA	l no l	·	<u> </u>
19			14B. BIRTHPLACE	15A. MOTHER'S MAIDE	N NAME	15B, BIRTHPLACE
- /	G.W.Baker		Tenn.	Zuku	BUSTA	ISTATE OR COUNTRY
703	16. INFORMANT'S SIG	NATURE	ADDRESS	I 17. DATE	(MONTH) (D)	Tenn.
310		T.	39 N. 7th Ave Yuma	OF }}_0,		AY) (YEAR)
	18. CAUSE OF DEATH			-11	rch 20	
	ENTER ONLY ONE CAUSE	I. DISEASE OR CO		RTIFICATION	1 6.	INTERVAL BETWEEN
E 1.137	PER LINE FOR (B), (b).	DIRECTLY LEADIN	IG TO DEATH! (a)	romall lemon	Nork E	1 mm
ייון,						
<i>"</i> .1	THE MODE OF DYING. ANTECEDENT CAUSES					
н //	SUCH AS HEART FAIL. MORBID CONDITIONS, IF ANY, GIVING DUE TO (b) TO THE ABOVE CAUSE (8) STAT.					
	IT MEANS THE DISEASE ING THE UNDERLYING CAUSE LAST.					
18)	TION WHICH CAUSED DUE TO 101 1140 WALL 1					
U	DEATH II. OTHER-SIGNIFICANT CONDITIONS					
	V PLACE DISEASE CON- CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
DNIE 30 1			OR FINDINGS OF OPERATION			1
	19A. DATE OF OPERAT	TION I 19B. MAJ				20. AUTOPSY?
	19A. DATE OF OPERAT	TION 198. MAJ	OR PHOMES OF OPERATION			-0. 70101011
						YES NO X
ons, Z	21A. ACCIDENT	(SPECIFY)	21B. PLACE OF INJURY	IE. G., IN OR ABOUT HOME,	21C. (CITY OR TOWN)	
			21B. PLACE OF INJURY	IE. G., IN OR ABOUT HOME, REET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN)	YES NO X
	21A. ACCIDENT SUICIDE HOMICIDE	(SPECIFY)	21B. PLACE OF INJURY FARM, FACTORY, STR	REET, OFFICE BLDG., ETC.1		YES NO X
	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH) OF		21B. PLACE OF INJURY FARM, FACTORY, STR UR: 21E. INJURY OCCURRED WHILE AT NOT WHILE	21F. HOW DID INJURY		YES NO X
5Y -	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH)	(SPECIFY)	21B. PLACE OF INJURY FARM. FACTORY, STR	21F. HOW DID INJURY		YES NO X
5Y -	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY	(SPECIFY) (DAY) (YEAR; (HOL	21B. PLACE OF INJURY FARM, FACTORY, STE	21F. HOW DID INJURY	OCCUR?	TES NO X
SY O AL CE	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. I HEREBY CERTIFA	(SPECIFY) (DAY) (YEAR; (HOL	21B. PLACE OF INJURY FARM, FACTORY, STE	21F. HOW DID INJURY	OCCUR?	TES NO X
SY 1 O AL CE IER'S	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY	(DAY) (YEAR) (HOL	21B. PLACE OF INJURY FARM, FACTORY, STR UR1 21E. INJURY OCCURRED WHILE AT NOT WHILE M WORK AT NOT WORK	21F. HOW DID INJURY	OCCUR?	YES NO
SY O AL CE	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. I HEREBY CERTIFY ALIVE ON	(DAY) (YEAR) (HOL	21B. PLACE OF INJURY FARM, FACTORY, STR. UR1 21E. INJURY OCCURRED WHILE AT NOT WHILE M WORK AT NOT WORK E DECEASED FROM HAT DEATH OCCURRED AT	21F. HOW DID INJURY	OCCUR?	TES NO X
SY 1 O AL CE IER'S	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. I HEREBY CERTIFY ALIVE ON COMMENT OF THE PARTY OF T	(SPECIFY) (DAY) (YEAR) (HOL THAT LATTENDED THE 1950 AND TH	21B. PLACE OF INJURY FARM. FACTORY, STR UR1 21E. INJURY OCCURRED WHILE AT NOT WHILE M WORK I AT WORK E DECEASED FROM HAT DEATH OCCURRED AT DEGREE OR TITLE	21F. HOW DID INJURY 21F. HOW DID INJURY 195 TO TAKE M FROM THE CAUSES AND OF THE CAUSES AND O	OCCUR? 10 19 50 THAT I LOON THE DATE STATED ABOVE	YES NO
SY 1 O AL CE IL IER'S	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. I HEREBY CERTIFA ALIVE ON 1	(DAY) (YEAR) (HOL	21B. PLACE OF INJURY FARM, FACTORY, STR. UR1 21E. INJURY OCCURRED WHILE AT NOT WHILE M WORK AT NOT WORK E DECEASED FROM HAT DEATH OCCURRED AT	21F. HOW DID INJURY 21F. HOW DID INJURY 195 TO TAKE M FROM THE CAUSES AND OF THE CAUSES AND O	DOCCUR? 19.50 THAT I LOON THE DATE STATED ABOVE 240. LOCATION CITY. T	AST SAW THE DECEASED C. DATE SIGNED OWN. ORCOUNTY! (STATE)
SY 1 O AL CE IER'S	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. I HEREBY CERTIFY ALIVE ON COMMENT 23A. SIGNATURE CREMATION COMMENT CREMATION COMMENT CO	(SPECIFY) (DAY) (YEAR) (HOL THAT LATTENDED THE 1950 AND TH	21B. PLACE OF INJURY FARM, FACTORY, STR. UR1 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK E DECEASED FROM HAT DEATH OCCURRED AT DEGREE OR TITLE 24C. NAME OF CEMEYE	21F. HOW DID INJURY 21F. HOW DID INJURY 19 D. TO LACK M. FROM THE CAUSES AND OF CREMATORY	OCCUR? 30 19 50 THAT I LAD THE DATE STATED ABOVE	AST SAW THE DECEASED C. DATE SIGNED OWN. ORCOUNTY! (STATE)
SY O AL CE IL IER'S TION	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. I HEREBY CERTIFY ALIVE ON CREMATION CREMATION CREMOVAL CEMOVAL CEMOVA	(SPECIFY) (DAY) (YEAR) (HOL THAT LATTENDED THE 1950 AND TH	21B. PLACE OF INJURY FARM, FACTORY, STE PARM, FACTORY, STEPPARM, FACTO	21F. HOW DID INJURY 21F. HOW DID INJURY 1950 TO LOCK M. FROM THE CAUSES AND OUT TO LOCK M. TO	DOCCUR? 19.50 THAT I LOON THE DATE STATED ABOVE 240. LOCATION CITY. T	AST SAW THE DECEASED COUNTY STATE AST SAW THE DECEASED COUNTY STATE OWN. OR COUNTY STATE AST SAW THE DECEASED COUNTY STATE COUNTY STATE
SY O AL CE IL IER'S TION	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. I HEREBY CERTIFY ALIVE ON COMMENT 23A. SIGNATURE 24A. BURIAL SIGNATURE CREMATION SIGNATURE	(SPECIFY) (DAY) (YEAR) (HOLE THAT LATTENDED THE 1950 AND TH	21B. PLACE OF INJURY FARM, FACTORY, STE PARM, FACTORY, STEPPARM, FACTO	21F. HOW DID INJURY 21F. HOW DID INJURY 1950 TO LACK M. FROM THE CAUSES AND O 198. ADDRESS 2000 ERY OR CREMATORY	DOCCUR? 19.50 THAT I LOON THE DATE STATED ABOVE 240. LOCATION CITY. T	AST SAW THE DECEASED C. DATE SIGNED OWN. OR COUNTY! (STATE) ADDRESS
SY O AL CE IL IER'S TION	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. I HEREBY CERTIFY ALIVE ON CREMATION CREMATION CREMOVAL CEMOVAL CEMOVA	(SPECIFY) (DAY) (YEAR) (HOLE THAT LATTENDED THE 1950 AND TH	21B. PLACE OF INJURY FARM, FACTORY, STE PARM, FACTORY, STEPPARM, FACTO	21F. HOW DID INJURY 21F. HOW DID INJURY 19 D. TO LOCK M. FROM THE CAUSES AND O AB. ADDRESS ERY OR CREMATORY 25. FUNERAL DIRECTO	DOCCUR? 19.50 THAT I LOON THE DATE STATED ABOVE 240. LOCATION CITY. T	AST SAW THE DECEASED C. DATE SIGNED OWN. OR COUNTY! (STATE) ADDRESS
SY O AL CE IL IER'S TION	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. I HEREBY CERTIFY ALIVE ON CREMATION CREMATION CREMOVAL CEMOVAL CEMOVA	(SPECIFY) (DAY) (YEAR) (HOLE THAT LATTENDED THE 1950 AND TH	21B. PLACE OF INJURY FARM, FACTORY, STE PARM, FACTORY, STEPPARM, FACTO	21F. HOW DID INJURY 21F. HOW DID INJURY 1950 TO LOCK M. FROM THE CAUSES AND OUT TO LOCK M. TO	DOCCUR? 19 50 THAT I LOON THE DATE STATED ABOVE 240. LOCATION CITY. TYUMA, Ar 1200	AST SAW THE DECEASED C. DATE SIGNED OWN. OR COUNTY) (STATE) ADDRESS OX 310 Yuma CERT. NO.
SY O AL CE IL IER'S TION	21A. ACCIDENT SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. I HEREBY CERTIFY ALIVE ON CREMATION CREMATION CREMOVAL CEMOVAL CEMOVA	(SPECIFY) (DAY) (YEAR) (HOLE THAT LATTENDED THE 1950 AND TH	21B. PLACE OF INJURY FARM, FACTORY, STE PARM, FACTORY, STEPPARM, FACTO	21F. HOW DID INJURY 21F. HOW DID INJURY 19 D. TO LOCK M. FROM THE CAUSES AND O AB. ADDRESS ERY OR CREMATORY 25. FUNERAL DIRECTO	DOCCUR? 19 50 THAT I LOON THE DATE STATED ABOVE 240. LOCATION CITY. TYUMA, Ar 1200	AST SAW THE DECEASED C. DATE SIGNED OWN. OR COUNTY! (STATE) ADDRESS